

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|--------------|----------------|
| FEE DETERMINATION | <i>m G</i> | | |
| O.I.P.E. CLASSIFIER | | | <i>3/14/00</i> |
| FORMALITY REVIEW | <i>AB</i> | <i>65373</i> | <i>3/21/00</i> |
| RESPONSE FORMALITY REVIEW | | | <i>5/2/00</i> |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

10/20/00

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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